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CONFIRMATION NO. 2720

SERIAL NUMBER 10/662,928	FILING OR 371(c) DATE 09/15/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 31132.153
APPLICANTS Bret M. Berry, Cordova, TN; Eric C. Lange, Germantown, TN; Lukas Eisermann, Memphis, TN;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY TN	SHEETS DRAWING 12	TOTAL CLAIMS 53
Verified and Acknowledged Examiner's Signature Initials		INDEPENDENT CLAIMS 9		
ADDRESS 46333				
TITLE Reversible prosthetic device				
FILING FEE RECEIVED 1848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	